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**T**he article "Customer Satisfaction Survey in Health Regulation: A Tool for Total Quality Management" (pages 206 to 210) heads down a dangerous path in which regulators confuse the ultimate beneficiary of their actions (HMO patients, nursing home residents, hospital patients, home care clients) with the regulated industry (HMOs, nursing homes, hospitals, and home care agencies). The authors begin with a basically sound management premise: in order to improve cost-effectiveness, regulators should be responsive to the needs of those being regulated. Unfortunately, in defining the providers as their customers, they seem to have lost sight of the ultimate consumers, the patients and clients. If

regulators' priorities and actions revolve around this misguided definition of "customer," they will give short shrift to those whose welfare should be the primary concern. The danger is that regulators will fail to hear the voices of consumers, which are already far too quiet.

## Confusing Consumer and Provider

Would the daughter of a nursing home patient whose bed sores are neglected agree with the staff's assessment of the quality of care the facility provides? If an HMO patient is denied care that her doctor has deemed medically appropriate, does it make sense for regulators to accept the HMO's assessment of the quality of its services? Of course not! Consumers—or their representatives—are the best judges of the quality of health care services.

*Consumer Reports* recently investigated the quality of HMO and nursing home services; the results of these investigations call into question the ability of providers to speak on behalf of consumers in assessing quality of care. In a 1996 survey of more than 20,000 HMO plan enrollees, *Consumer Reports* found that many had run into serious problems with their health plans. About 10% of respondents said that their HMOs did not provide the medical treatment they felt they needed. A surprising 18% actually went outside of their HMO plans to obtain what they thought was necessary care. A doctor quoted in the article complained that with many HMOs, "health care rationing by inconvenience" means

that patients find it difficult to get the diagnostic tests and treatment that they need.<sup>1</sup>

In 1995, *Consumer Reports* found deplorable conditions in many of the 53 nursing homes visited by a reporter posing as the daughter of a mother in need of care. Through these visits and an analysis of 60,000 government inspection reports, *Consumer Reports* found widespread violations of Federal standards in areas including inadequate treatment for bed sores, misuse of physical restraints, medication errors, and unsanitary food practices.<sup>2</sup>

The approach described by Andrzejewski and Laguna moves too far in the direction of developing a cooperative relationship with providers—jeopardizing regulators' traditional mission of protecting patients. When regulators and providers become too friendly, regulators lose the critical oversight function that is crucial to improving quality of services. While cooperation and responsiveness to providers' needs can improve ultimate performance, regulators should never consider the providers of care to be their "customers." Many nursing home resident and HMO enrollees would have strong arguments against the notion that the provider in the guise of customer is always right.

When the issue is regulating quality of health services, the stakes are high—often involving quality of life and sometimes involving the difference between life and death. With more and more of the population enrolled in managed care plans and with the aging of the population leading to increasing numbers of nursing home residents, it is important that today's regulators carefully articulate the goals they are seeking to achieve. Having satisfied health care providers is only desirable if satisfaction is linked to the delivery of higher quality care for patients, clients, and policyholders.

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### References

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2. Nursing homes. *Consumer Rep* 1995;60:518-28,591-7,656-62.